



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 APR -8 AM 11:42

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 93840		2. Exact name of the Corporation Edward T Kirby Golf Shop Inc			
3. Principal Office Address 33 Bramblewood Ln		City Wakefield	State RI	Zip 02879	
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island golf shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward T Kirby			Vice-President Name Susan D Kirby		
Street Address 33 Bramblewood Ln			Street Address 33 Bramblewood Ln		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 1000		CLASS/SERIES 0
					PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Susan D Kirby				Date 4-4-19	
Signature of Authorized Representative Susan D Kirby				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY **KW010**
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